	nedule E)	PAGE 1 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
VV	omen Speak Out PAC	C C00530766
Che	ck if 24-hour report X 48-hour report New report Amends report filed on	M = M / D = D / Y = Y = Y
T	Full Name of Payee  Design 4 Advertising, Inc.	Date of Public Distribution/Dissemination
	Mailing Address 106 N Collins St	08 18 2014
	A A	Amount
	City State Zip Code	150.00
		Transaction ID: b6245b36-8fe5-42d7-b Date of Disbursement or Obligation
	Purpose of Expenditure Design  Category/ Type  004	08 / 18 / 2014
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Kay Hagan Oppose Pr	resident Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶
Γ		Date of Public Distribution/Dissemination
Ì	Design 4 Advertising, Inc.	08 18 2014
	Mailing Address 106 N Collins St	Amount
-	City State Zip Code	150.00
		ransaction ID: 8ad94f4f-b764-4864-b Date of Disbursement or Obligation
	Purpose of Expenditure Design  Category/ Type  004	08 18 2014
	Name of Federal Candidate Support Office S	Sought: House District: 00
	Ms. Mary L Landrieu Oppose Pr	resident State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ement For: Primary X General  Other (specify) ▶
_		
(8	a) SUBTOTAL of Itemized Independent Expenditures	300.00
(k	b) SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	1 7 1 7 1 7
W	Inder penalty of perjury I certify that the independent expenditures reported herein were not made rith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Signature	

	Siledule Ly	FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
۷	Vomen Speak Out PAC	C C00530766
Ch	neck if 24-hour report X 48-hour report New report Amends report filed	I on M = M / D = D / Y = Y = Y
	Full Name of Payee	Date of Public Distribution/Dissemination
	Design 4 Advertising, Inc.	08 18 2014
	Mailing Address 106 N Collins St	Amount
	City State Zip Code	150.00
	Plant City FL 33563	Transaction ID : fbaa0abb-c36c-4462-9 Date of Disbursement or Obligation
	Purpose of Expenditure Design  Category/ Type  004	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office	e Sought: House District: 00
	Mr. Mark L Pryor Oppose	President State: AR
	Calendar Year-To-Date Per Election for Office Sought  Disbute	ursement For: Primary X General
	Per Liection for Office Sought	Other (specify)
	Full Name of Payee  Casey Stockton	Date of Public Distribution/Dissemination
	Mailing Address 105 South Dale St	08 18 2014 Amount
	City State Zip Code	50.00
	Spruce Pine NC 28777	Transaction ID : 98c2196a-5fd2-4737-a Date of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	M 08
	Name of Federal Candidate Support Offic	e Sought: House District: 00
	Ms. Kay Hagan Oppose	President State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disb 2014	ursement For:  Primary
	(a) SUBTOTAL of Itemized Independent Expenditures	200.00
	(b) SUBTOTAL of Unitemized Independent Expenditures	
	(c) TOTAL Independent Expenditures	
	Under penalty of perjury I certify that the independent expenditures reported herein were not mwith, or at the request or suggestion of, any candidate or authorized committee or agent of eithe party committee) any political party committee or its agent.	
	(77)	08 20 2014
	Signature	

PAGE 2

OF

55

Schedule E)	ENT EXICIO	TIONES	PAGE 3 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Casey Stockton			08 18 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	17.10
Spruce Pine	NC	28777	Transaction ID : 50a02826-624f-4302-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,	246705.51	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Mary Johnson			08 18 2014
Mailing Address 105 South Dale St			Amount
City	State	Zip Code	50.00
Spruce Pine	NC	28777	Transaction ID : 7a409daf-9bd4-4f52-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For:  Primary  General
(a) SUBTOTAL of Itemized Independent Expen-	ditures		67.10
.,			7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
z.g			

, , , , , , , , , , , , , , , , , , ,				FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour r	report New repo	ort Amends repo		M / D D / Y = Y = Y = Y
Full Name of Payee			Date	of Public Distribution/Dissemination
Lorri Anderson			TV	08 18 2014
Mailing Address 7214 Duchamp Dr			Amou	nt
City	State	Zip Code	— I.	40.00
Charlotte	NC	23215		action ID : 745ad002-b1f9-43db-8 of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		X Oppose	Preside	ent X Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	2	46705.51	Disbursemen 2014	t For: Primary X General
Full Name of Payee				of Public Distribution/Dissemination
Lorri Anderson				08 18 2014
Mailing Address 7214 Duchamp Dr			Amou	
City	State	Zip Code	$  \Gamma$	9.60
Charlotte	NC	23215		action ID: e90e3686-02af-4a4f-b of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002		08 / 18 / 2014
Name of Federal Candidate		Support	Office Sough	nt: House District:00
Ms. Kay Hagan		X Oppose	Presid	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursemer 2014	nt For:
(a) SUBTOTAL of Itemized Independent I	Expenditures		•	49.60
(b) SUBTOTAL of Unitemized Independen	nt Expenditures			7
(c) TOTAL Independent Expenditures			•	7 1 7 1 7
Under penalty of perjury I certify that the with, or at the request or suggestion of, a party committee) any political party comm	ny candidate or authorized			
Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M / 08	20 2014
Signature				

PAGE

OF

55

Schedule E)	LIVI EXI END	HONES	<b>⊢</b>	PAGE 5 OF 55 FOR SE OF FORM 24/48		
NAME OF COMMITTEE (In Full)			FEC IDE	ENTIFICATION NUMBER ▼		
Women Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Daniel E Collison			08	18 / 2014		
Mailing Address 3315 Cardinal Ridge Rd			Amount			
City	State	Zip Code		32.50		
Greensboro	NC	27410		9 : <b>81295540-31f8-4082-a</b> sement or Obligation		
Purpose of Expenditure Salary		Category/ Type 001	08	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		X Oppose	President X			
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: 2014 Other (spe	Primary		
Full Name of Payee			Date of Public	Distribution/Dissemination		
Daniel E Collison			08 /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y		
Mailing Address 3315 Cardinal Ridge Rd			Amount			
City	State	Zip Code		15.90		
Greensboro	NC	27410		: e46d1078-5d50-4fbc-a sement or Obligation		
Purpose of Expenditure Mileage		Category/ Type 002	08	18 / 2014		
Name of Federal Candidate		Support	Office Sought:	House District: 00		
Ms. Kay Hagan		Oppose	President X	Senate State: NC		
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: 2014 Other (spe	Primary		
(a) SUBTOTAL of Itemized Independent Expend	itures			48.40		
, ,				7		
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>•</b>			
(c) TOTAL Independent Expenditures			<b>&gt;</b>	4 4		
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any can party committee) any political party committee or	didate or authorized					
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 20	2014		
-						

Schedule E)	LIVI EXI LIVE	TIONES	PAGE 6 OF 5 FOR SE OF FORM 24/4	55 48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBE	R▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemination	on
Steven Best			08 / 18 / 2014	Y
Mailing Address 103 Washington Ave			Amount	
City	State	Zip Code	30.	00
Newport	NC	28570	Transaction ID : afe92a49-5c08-40b9- Date of Disbursement or Obligation	-9
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose		IC
Calendar Year-To-Date Per Election for Office Sought	,,,,,	246705.51	Disbursement For: Primary	neral
Full Name of Payee			Date of Public Distribution/Disseminati	ion
Steven Best			08 / 18 / 2014	Y
Mailing Address 103 Washington Ave			Amount	
City	State	Zip Code	11.1	9
Newport	NC	28570	Transaction ID: 0fc16be6-1ea7-4ef3-8 Date of Disbursement or Obligation	
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President State:	IC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: Primary X Ger 2014 Other (specify) ▶	neral
(a) SUBTOTAL of Itemized Independent Expen	ditures		41.19	j
(a) SSETCIME of Normized Independent Expen	GRG100		7110	-
(b) SUBTOTAL of Unitemized Independent Exp	enditures		. •	
(c) TOTAL Independent Expenditures			· · · · · · · · · · · · · · · · · · ·	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any ca party committee) any political party committee of	ndidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
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Schedule E)	JENT EXILIED	TIONES	<u> </u>	PAGE 7 OF 55 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDE	NTIFICATION NUMBER ▼
Women Speak Out PAC			C co	00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee			Date of Public D	Distribution/Dissemination
Laura U Logie			08	18 / 2014
Mailing Address 2565 Shire Circle			Amount	
City	State	Zip Code		20.00
Harrisonburg	VA	22801		: 65848276-d3b0-4f2a-a ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President X	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: 2014 Other (spec	Primary
Full Name of Payee			Date of Public I	Distribution/Dissemination
Michael Chinchar			M M /	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2730 Dave Ward Dr			Amount	
City	State	Zip Code		50.00
Conway	AR	72034		e948fa3b-14b8-49dd-9 ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		Oppose	President X	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		59645.28	Disbursement For: 2014 Other (spec	Primary X General
(a) SUBTOTAL of Itemized Independent Exper	nditures			70.00
			7	7 ~
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>•</b>	7
(c) TOTAL Independent Expenditures			<b>•</b>	1 7 1 1 7 1
Under penalty of perjury I certify that the inde with, or at the request or suggestion of, any caparty committee) any political party committee	andidate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 20	2014

Schedule E)	PAGE 8 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends rep	port filed on M M / D D / Y Y Y Y Y
Full Name of Payee Michael Chinchar	Date of Public Distribution/Dissemination
Mailing Address 2730 Dave Ward Dr	08 18 2014 Amount
City State Zip Code	6.60
Conway AR 72034	Transaction ID : efdbcb0e-f6f5-416c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  00:	M M / D D / Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 59645.28	Disbursement For:  Primary
Full Name of Payee Adam Rock	Date of Public Distribution/Dissemination
Mailing Address 307 Farris Rd Apt 1	08 18 2014 Amount
City State Zip Code	50,00
Conway AR 72034	Transaction ID : 8e228a1b-fd6b-41d3-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	M M / D D / V V V V
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 246705.51	Disbursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures	56.60
(b) SUBTOTAL of Unitemized Independent Expenditures	···· >
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Da  Signature	tte 08 / 20 / 2014

Schedule E)		PAGE 9 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)		FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC		C C00530766
		M   M   / D   D   / Y   Y   Y   Y
Check if 24-hour report X 48-hour report N	ew report Amends report filed	d on
Full Name of Payee Adam Rock		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 307 Farris Rd Apt 1		Amount
City State	Zip Code	5.40
Conway AR	72034	Transaction ID : 098164a4-7dcf-41ef-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate	Support Office	ee Sought: House District: 00
Ms. Kay Hagan	X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	246705.51 Disb 2014	oursement For:  Primary  General  Other (specify) ▶
Full Name of Payee Virginia M Stevens		Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 1691 Fork Mtn Rd		Amount
City State	Zip Code	50.00
Bakersville NC	28705	Transaction ID : 52cfdb93-c558-41fa-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate	Support Office	ce Sought: House District: 00
Ms. Kay Hagan	Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	246705.51 Disb 201:	oursement For:  Primary
(a) SUBTOTAL of Itemized Independent Expenditures		55.40
(b) SUBTOTAL of Unitemized Independent Expenditures		
(b) SOUTOTAL OF OTHER HIZOG HIGOPOTAGES EXPONDITURES SIMILARIA	•	7
(c) TOTAL Independent Expenditures	<b>•</b>	7 7 7
Under penalty of perjury I certify that the independent exper with, or at the request or suggestion of, any candidate or aut party committee) any political party committee or its agent.		
Ms. Emily Buchanan	Electronically Filed] Date	08 20 2014
Signature	_	

Schedule E)	ENT EXILID	HONES	PAGE 10 OF 55 FOR SE OF FORM 24/48				
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼				
Women Speak Out PAC	Vomen Speak Out PAC						
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on				
Full Name of Payee Virginia M Stevens			Date of Public Distribution/Dissemination				
Mailing Address 1691 Fork Mtn Rd			08 18 2014 Amount				
		7: 0 !					
City  Bakersville	State NC	Zip Code 28705	22.20  Transaction ID : b919ac60-a4b8-450a-b  Date of Disbursement or Obligation				
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		X Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought	.,	246705.51	Disbursement For:  Primary  General  2014  Other (specify) ▶				
Full Name of Payee Malinda Ledford			Date of Public Distribution/Dissemination				
Mailing Address 44 Bell Street Ext			08 18 2014 Amount				
City	State	Zip Code	50.00				
Spruce Pine	NC	28777	Transaction ID : 49407ffc-af0c-4c24-9  Date of Disbursement or Obligation				
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y				
Name of Federal Candidate		Support	Office Sought: House District: 00				
Ms. Kay Hagan		Oppose	President Senate State: NC				
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For:  Primary  General 2014  General Other (specify) ▶				
(a) SUBTOTAL of Itemized Independent Expendent	litures		. ▶ 72.20				
(b) SUBTOTAL of Unitemized Independent Expe	enditures		. •				
(c) TOTAL Independent Expenditures			•				
	didate or authorized		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political				
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 20 / 2014				
5.g.iataro							

Schedule E)	EXI END	101120				PAGE 11 OF 55 FOR SE OF FORM 24/48	
NAME OF COMMITTEE (In Full)					FEC ID	ENTIFICATION NUMBER	
Women Speak Out PAC						C00530766	
Check if 24-hour report X 48-hour report	New repo	ort Ame	ends repo	rt filed on	M /	D   D / Y   Y   Y	Y
Full Name of Payee Malinda Ledford					- M /	: Distribution/Dissemination	
Mailing Address 44 Bell Street Ext				Amou	08 nt	18 2014	Ш
City	State	Zip Code				22.2	0
Spruce Pine	NC	28777				D: edf5f8e5-86bd-41e6-9 rsement or Obligation	
Purpose of Expenditure Mileage		Category/ Type	002	M	08 /	18 / 2014	Y
Name of Federal Candidate		s	upport	Office Sough	t:	House District: 00	)
Ms. Kay Hagan			ppose	Preside	ent >	Senate State: NC	
Calendar Year-To-Date Per Election for Office Sought	2	246705.51		Disbursemen 2014 O	t For: ther (sp	Primary X Gene	∍ral ——
Full Name of Payee				Date	of Public	Distribution/Dissemination	n
Jacob S Mann				N	08	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	Y
Mailing Address 3875 Old Stage Rd S				Amou	nt		
City	State	Zip Code				70.00	П
	NC	28339				<b>): 82815289-aa87-41fa-8</b> Irsement or Obligation	_
Purpose of Expenditure Salary		Category/ Type	001	N	08	18 / 2014	Y
Name of Federal Candidate		S	upport	Office Sough	t:	House District: 00	0
Ms. Kay Hagan		X	ppose	Preside	ent >	Senate State: NC	<u> </u>
Calendar Year-To-Date Per Election for Office Sought		246705.51		Disbursemen 2014		Primary X General Gen	eral
							$\neg$
(a) SUBTOTAL of Itemized Independent Expenditures				· •		92.20	
(b) SUBTOTAL of Unitemized Independent Expenditure	es			•	-		
(c) TOTAL Independent Expenditures				<b>•</b>	1 19	4	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its age	or authorized						
Ms. Emily Buchanan	[Electron	ically Filed]	Date	08	20	2014	
Signature							

Schedule E)	DEITI EXI EITE	TI OTILO	PAGE 12 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	t New rep	port Amends repo	t filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Jacob S Mann			08 / 18 / 2014
Mailing Address 3875 Old Stage Rd S			Amount
City	State	Zip Code	27.00
Erwin	NC	28339	Transaction ID: 65c9ae79-7d02-4a3a-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	246705.51	Disbursement For:
Full Name of Payee	_		Date of Public Distribution/Dissemination
Lisa Booth			08 18 2014
Mailing Address 1434 South Avenue			Amount
City	State	Zip Code	85.00
Eden	NC	27288	Transaction ID : 6c2a08ce-1014-4264-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For:  Primary  General   2014  General   Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expe	nditures		112.00
			7 7
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorize		not made in cooperation, consultation, or concert either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	T EXI END	TOTILO		PAGE 13 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FE	EC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Lisa Booth			M	
Mailing Address 1434 South Avenue			O8 Amount	18 2014
City	State	Zip Code		11.10
Eden	NC	27288		ion ID : a94ceb94-c81c-4332-8 Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M 08	
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Kay Hagan		X Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	246705.51	Disbursement F 2014 Othe	or:
Full Name of Payee			Date of	Public Distribution/Dissemination
Steven Jean			08	
Mailing Address 2012 Harrison Ave			Amount	
City	State	Zip Code		80.00
Winston Salem	NC	27105		on ID: 04b3ced8-2bc2-40bb-b Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M 08	
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	President	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7 7	246705.51	Disbursement F 2014 Othe	or:
(a) SUBTOTAL of Itemized Independent Expenditure	es		•	91.10
(b) SUBTOTAL of Unitemized Independent Expend	itures			
(-)				4 4
(c) TOTAL Independent Expenditures				7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	ate or authorize			
Ms. Emily Buchanan	[Electro	nically Filed] Date		20 / 2014
Signature				

Schedule E)	LIVI EXI EIVE	TI OTILO	PAGE 14 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Steven Jean			08 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2012 Harrison Ave			Amount
City	State	Zip Code	16.50
Winston Salem	NC	27105	Transaction ID : 2b887d9b-baf2-4ddf-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	246705.51	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Donald Dessauer			08 18 2014
Mailing Address 1804 Auburn Ave			Amount
City	State	Zip Code	15.00
Metaire	LA	70003	Transaction ID : a4007f64-4918-41bd-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expen	ditures		31.50
//s) CURTOTAL of Unitermitted Indonesia Firm			
(b) SUBTOTAL of Unitermized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			<b>•</b>
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08
<b>3</b>			

Schedule E)	I LAPLIND	TIONES	_	AGE 15 OF 55 OR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDEN	ITIFICATION NUMBER ▼
Women Speak Out PAC			C co	0530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	D   D / Y   Y   Y   Y
Full Name of Payee Donald Dessauer			M = M /	istribution/Dissemination
Mailing Address 1804 Auburn Ave			08 Amount	18 2014
-01				
City Metaire	State LA	Zip Code 70003	Transaction ID :	0.60 ff511901-80a2-40fe-b
Purpose of Expenditure				ement or Obligation
Mileage		Category/ Type 002	08	18 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President X	Senate State: <u>LA</u>
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	99000.15	Disbursement For: 2014 Other (speci	Primary
Full Name of Payee				Distribution/Dissemination
Tammay Williams			M M / 08	18 2014
Mailing Address 924 N. Prieur St			Amount	
City	State	Zip Code		45.00
New Orleans	LA	70116		d012e51f-5074-41f5-b ement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	M M /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	President X	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7   7	99000.15	Disbursement For: 2014 Other (speci	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	es		<b>&gt;</b>	45.60
(b) SUBTOTAL of Unitemized Independent Expendit	ures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	41101
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candida party committee) any political party committee or its	te or authorized			
Ms. Emily Buchanan	[Electron	nically Filed] Date	08 20	2014
Signature				

Schedule E)	ENT EXILIN	DITOTILO	PAGE 16 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	rt filed on
Full Name of Payee Tammay Williams			Date of Public Distribution/Dissemination
Mailing Address 924 N. Prieur St			08 / 18 / 2014
32771171000700			Amount
City	State	Zip Code	9.00
New Orleans	LA	70116	Transaction ID: d15a4394-80ca-4a3f-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Antoinette Franklin			08 18 2014
Mailing Address 8822 Apple St			Amount
City	State	Zip Code	45.00
New Orleans	LA	70188	Transaction ID : 55c01cc5-b3a5-4d6a-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / DB / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		54.00
(b) SUBTOTAL of Unitemized Independent Expo	enditures		•
(c) TOTAL Independent Expenditures			<b>•</b>
	ididate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
g			

Sch	edule E)	EXI END	101120		PAGE 17 OF 55 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
					M = M / D = D / Y = Y = Y
Check	k if 24-hour report X 48-hour report	X New repo	ort Amends repo	ort filed on	
	ull Name of Payee Mr. Alex Peyton				of Public Distribution/Dissemination
	lailing Address 859 Hicks Rd			L	08 / 18 / 2014
	5 3 3 4 4 4 4 6 5 5 1 1 1 CKS INU			Amo	unt
С	ity	State	Zip Code		100.00
\	Vashington	LA	70589		e of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001	] [	08 / 18 / 2014
N	ame of Federal Candidate		Support	Office Soug	ght: House District: 00
Λ	/Is. Mary L Landrieu		X Oppose	Presid	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought	· · · · ·	99000.15	Disburseme 2014	ent For:  Primary
	ull Name of Payee			Date	e of Public Distribution/Dissemination
'	Mr. Alex Peyton				08 18 2014
N	Mailing Address 859 Hicks Rd			L	
1				Amo	bunt
С	Sity	State	Zip Code		45.00
	Washington	LA	70589	Trans Date	saction ID: b2a8f24c-1983-412d-a e of Disbursement or Obligation
	Purpose of Expenditure Mileage		Category/ Type 002	]   [	08 / 18 / 2014
N	lame of Federal Candidate		Support	Office Soug	ght: House District: 00
N	/Is. Mary L Landrieu		X Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	99000.15	Disburseme 2014	ent For:  Primary
(a)	SUBTOTAL of Itemized Independent Expenditures			· •	145.00
(b)	SUBTOTAL of Unitemized Independent Expenditure	res		· •	
(c)	TOTAL Independent Expenditures			•	
wit	der penalty of perjury I certify that the independen h, or at the request or suggestion of, any candidate rty committee) any political party committee or its a	e or authorized			
	Ms. Emily Buchanan	[Electroni	ically Filed] Date	9 08	20 2014
	Signature		_		

Sch	nedule E)	PAGE 18 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC	C C00530766
OI		M = M / D = D / Y = Y = Y
Che	ck if 24-hour report X 48-hour report New report Amends report filed on	
	Full Name of Payee Francesca Blom	ate of Public Distribution/Dissemination
	Mailing Address 101 Asbury Ct	nount
H	City State Zip Code	80.00
	Winchester VA 22602 Tr	ansaction ID: 4b1c1594-1ea3-46a5-a ate of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type 001	08 18 2014
ı	Name of Federal Candidate Support Office So	ught: House District: 00
	Ms. Kay Hagan Oppose Pre	esident State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburser 246705.51  Disburser 2014	ment For:
Γ		ate of Public Distribution/Dissemination
1	Zachary Vidrine	08 18 2014
ľ	Mailing Address 202 Rue Des Cajun	
1	Al	mount
ľ	City State Zip Code	45.00
	D <sub>i</sub>	insaction ID: 10c370cd-18e3-481d-a ate of Disbursement or Obligation
	Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
	Name of Federal Candidate Support Office Sc	ought: House District: 00
	Ms. Mary L Landrieu Oppose Pre	esident State: LA
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014	ment For:
(a	a) SUBTOTAL of Itemized Independent Expenditures	125.00
(k	SUBTOTAL of Unitemized Independent Expenditures	
(0	c) TOTAL Independent Expenditures	
W	nder penalty of perjury I certify that the independent expenditures reported herein were not made ith, or at the request or suggestion of, any candidate or authorized committee or agent of either, or arty committee) any political party committee or its agent.	
	Ms. Emily Buchanan [Electronically Filed] Date 08	20 2014
	Signature	

Schedule E)	IVI EXI EIVI	JII OII LO	PAGE 19 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee Zachary Vidrine			Date of Public Distribution/Dissemination
Mailing Address 202 Rue Des Cajun			08 / 18 / 2014
202 Ndo 200 Odjun			Amount
City	State	Zip Code	31.50
Ville Platte	LA	70586	Transaction ID : d214ef9e-cc78-4672-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	99000.15	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Diane Smith			08 18 2014
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	20.00
Raleigh	NC	27610	Transaction ID: 9f6723b3-903f-4c79-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ıres		. ▶ 51.50
(b) SUBTOTAL of Unitemized Independent Expen	ditures		•
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 20 7 2014
- 3			

Schedule E)	DENT EXICID	ITORES	PAGE 20 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repo	rt New rep	ort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Diane Smith			08 / 18 / 2014
Mailing Address 4006 Wolkswalk Place			Amount
City	State	Zip Code	7.80
Raleigh	NC	27610	Transaction ID : cfc0526a-fd58-405c-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	;	246705.51	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Carey T Henderson			08 18 2014
Mailing Address 1025 Inverness Rd			Amount
City	State	Zip Code	110.00
Suthern Pines	NC	28387	Transaction ID : d02dc9b4-fb30-4c2f-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For:  Primary  ☐ General  Other (specify) ►
(a) SUBTOTAL of Itemized Independent Expe	nditures		. ▶ 117.80
(b) SUBTOTAL of Unitemized Independent Ex	rpenditures		•
(c) TOTAL Independent Expenditures			•
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
- 9			

Schedule E)	PAGE 21 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	rt filed on
Full Name of Payee Carey T Henderson	Date of Public Distribution/Dissemination
Mailing Address 1025 Inverness Rd	08 / 18 / 2014
	Amount
City State Zip Code	23.70
Suthern Pines NC 28387	Transaction ID : 7b575e4b-4b56-45ef-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / 18 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 246705.51	Disbursement For:  Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Tymber D Crawley	08 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 6 Sherwood Dr	Amount
01.	
City State Zip Code Conway AR 72034	50.00  Transaction ID : 3133312c-b242-4761-b  Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support	Office Sought: House District: 00
Mr. Mark L Pryor Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought 59645.28	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	73.70
(b) SUBTOTAL of Unitemized Independent Expenditures	· <b>&gt;</b>
(c) TOTAL Independent Expenditures	<b>•</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date	08 20 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature	

Schedule E)	JIII OI INDEFEN	DENT EXPEND	TIONES		PAGE 22 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE	(In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak (	Out PAC				C C00530766
Check if 24-hour re	port X 48-hour repor	t New rep	port Amends rep		M = M / D = D / Y = Y = Y
Full Name of Payee Tymber D Cra	awley				of Public Distribution/Dissemination
Mailing Address 6 S	herwood Dr			Amo	08 18 2014 unt
City		State	Zip Code		6.60
Conway		AR	72034		saction ID: 0f96d0a6-1f3a-42a9-a of Disbursement or Obligation
Purpose of Expendit Mileage	ure		Category/ Type 002	2	08 / 18 / 2014
Name of Federal Ca	ndidate		Support	Office Soug	ht: House District:00
Mr. Mark L Pryor			X Oppose	Presid	
Calendar Year-7 Per Election for		7	59645.28	Disburseme 2014	nt For: Primary X General  Other (specify) ▶
Full Name of Payee	<del></del>			Date	of Public Distribution/Dissemination
Aaron L Griffin				[	08
Mailing Address 2	830 Westin Park Drive			Amo	unt
City		State	Zip Code		50.00
Conway		AR	72034		action ID: 7484e2df-b478-4b49-a of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001		M 08 / 18 / 2014
Name of Federal Ca	ndidate		Support	Office Soug	ht: House District: 00
Mr. Mark L Pryor			X Oppose	Presid	
Calendar Year- Per Election fo			59645.28	Disburseme 2014	ont For:  Primary
(a) SUBTOTAL of Ite	mized Independent Expe	nditures			56.60
(b) SUBTOTAL of Ur	nitemized Independent Ex	penditures			7 1 7 1 7 1
(c) TOTAL Independent	ent Expenditures			··· •	7 7 7
with, or at the reques		andidate or authorize			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emil	y Buchanan	[Electron	nically Filed] Da	te 08	20 / 2014

Schedule E)				PAGE 23 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on	D
Full Name of Payee Aaron L Griffin			M = M /	Distribution/Dissemination
Mailing Address 4830 Westin Park Drive			08 Amount	18 2014
City	State	Zip Code		6.60
Conway	AR	72034		D: 61083706-a154-4011-8 rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	President >	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		59645.28	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Lesley Lennox			08	18 / 2014
Mailing Address 2305 Cleary Ave			Amount	
City	State	Zip Code		12.50
Metairie	LA	70001		: 164320db-d289-4431-b rsement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 /	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District:00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7	99000.15	Disbursement For: 2014 Other (spe	Primary X General
(a) SUBTOTAL of Itemized Independent Expendit	ures		·	19.10
(b) SUBTOTAL of Unitemized Independent Expen	ditures			
(c) TOTAL Independent Expenditures				
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any candi party committee) any political party committee or i	idate or authorize			
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	e 08 / 20	2014

Schedule E)	INI EXI ENI	DITOTILO	PAGE 24 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lesley Lennox			08 / 18 / 2014
Mailing Address 2305 Cleary Ave			Amount
City	State	Zip Code	4.80
Metairie	LA	70001	Transaction ID : 408b7618-fd9e-4626-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 7	99000.15	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Nick Berryhill			08 18 2014
Mailing Address 905 Lake Drive			Amount
City	State	Zip Code	60.00
Shelby	NC	28152	Transaction ID: 8378b225-9dcf-40a7-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	· · · · · · · · ·	246705.51	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		64.80
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 20 / 2014
Signataro			

Schedule E)	LIVI EXI END	TIONES	PAGE 25 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee Nick Berryhill			Date of Public Distribution/Dissemination
Mailing Address 905 Lake Drive			08 18 2014 Amount
City Shelby	State NC	Zip Code 28152	24.00  Transaction ID: 08b5f9ad-5a4f-41be-8  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: Primary X General 2014 Other (specify) ▶
Full Name of Payee Gregory Green			Date of Public Distribution/Dissemination
Mailing Address 2506 Bolch Street			08 18 2014
			Amount
City	State	Zip Code	50.00
Shreveport  Purpose of Expenditure	LA	71104	Transaction ID: ea12ee40-0fe4-4625-9  Date of Disbursement or Obligation
Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , , ,	99000.15	Disbursement For:
(a) SUBTOTAL of Itemized Independent Expendent	itures		74.00
(b) SUBTOTAL of Unitemized Independent Expe	enditures		
			7 7
(c) TOTAL Independent Expenditures			<b>&gt;</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
5.g.iataro			

Schedule E)	iti Exi Eiti	SHORLS	PAGE 26 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Gregory Green			08 / 18 / 2014
Mailing Address 2506 Bolch Street			Amount
City	State	Zip Code	11.10
Shreveport	LA	71104	Transaction ID: 3f31355e-9b03-4f52-9 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Lily Green			08 18 2014
Mailing Address 205 Medallion Circle			Amount
City	State	Zip Code	80.00
Shreveport	LA	71119	Transaction ID : 52dd6858-3acf-4393-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, , ,	99000.15	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendit	ures		91.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		•
(c) TOTAL Independent Expenditures			
Under penalty of perjury I certify that the indeper with, or at the request or suggestion of, any cand party committee) any political party committee or in	idate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 20 7 2014
- 3			

Schedu	le E)	TI EXI END			PAGE 27 OF 55 FOR SE OF FORM 24/48
	COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wome	en Speak Out PAC				C C00530766
				T.	M = M / D = D / Y = Y = Y
Check if	24-hour report X 48-hour report	X New rep	ort Amends repo	ort filed on	
	ame of Payee Green				of Public Distribution/Dissemination
	g Address 205 Medallion Circle			L	08 18 2014
	200 Michallon Olicic			Amou	unt
City		State	Zip Code		17.40
	veport	LA	71119		saction ID : 7dd5af5f-e776-4cf3-a of Disbursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type 002		08 / 18 / 2014
Name	of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. N	flary L Landrieu		X Oppose	Presid	dent State: LA
	Calendar Year-To-Date Per Election for Office Sought	, , ,	99000.15	Disbursemer 2014	nt For: Primary X General  Other (specify) ▶
	lame of Payee			Date	of Public Distribution/Dissemination
Cni	istopher Marquess				08 18 2014
Mailin	g Address 110 W Pecan St			Amou	
				Alloc	urii
City		State	Zip Code		60.00
	Platte	LA	70586	Transa Date	action ID: 2c1767e0-d30d-477f-a of Disbursement or Obligation
Purpo Salai	ose of Expenditure ry		Category/ Type 001		08 / 18 / 2014 Y
1	e of Federal Candidate		Support	Office Sough	ht: House District: 00
Ms. N	Mary L Landrieu		Oppose	Presid	dent Senate State: LA
	Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursemer 2014	ont For:  Primary
(a) SU	BTOTAL of Itemized Independent Expenditure	res		▶	77.40
(b) SU	BTOTAL of Unitemized Independent Expend	itures			
( ) <b>TO</b>					
(c) TU	TAL Independent Expenditures			·· •	7 7 7 7
with, or	penalty of perjury I certify that the independ r at the request or suggestion of, any candid ommittee) any political party committee or its	late or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	20 2014
Sigr	nature				

Schedule E)	LIVI EXI LIVI	STICILO	PAGE 28 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Christopher Marquess			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 110 W Pecan St			Amount
City	State	Zip Code	33.60
Ville Platte	LA	70586	Transaction ID: 374d8c69-ee34-4e4f-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Stephanie L Heun			08 18 2014
Mailing Address 8026 S Wilwood Dr Apt 101			Amount
City	State	Zip Code	30.00
Oak Creek	WI	53154	Transaction ID: 5dc2d275-4d02-44d9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	246705.51	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		63.60
(b) SUBTOTAL of Unitemized Independent Expe	nditures		
(b) CODICIAL OF CHICOMIZED MIDOPONDOM EXPO	naturos		4 4
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08
<del>-</del>			

Schedule E)	ENT EXILID	TIONES	PAGE 29 OF FOR SE OF FORM 2	55 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUM	BER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on	Y
Full Name of Payee			Date of Public Distribution/Dissemir	nation
Timothy Foley			08 / 18 / 201	4
Mailing Address 20679 Glenbrook Terrace			Amount	
City	State	Zip Code		50.00
Sterling	VA	20165	Transaction ID : d39dfde0-f847-4b Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 18 20	14 Y
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Kay Hagan		X Oppose	President X Senate State:	NC
Calendar Year-To-Date Per Election for Office Sought	.,,	246705.51	Disbursement For: Primary 2014 Other (specify) ▶	General
Full Name of Payee			Date of Public Distribution/Disseming	nation
Kelly Dolan			08 / 18 / Y Y Y	14
Mailing Address 543 S 2nd St			Amount	
City	State	Zip Code	8	0.00
Bellaire	NC	77401	Transaction ID : d232bbc1-c755-4e Date of Disbursement or Obligation	
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y 20:	14
Name of Federal Candidate		Support	Office Sought: House District:	00
Ms. Mary L Landrieu		Oppose	President State:	LA
Calendar Year-To-Date Per Election for Office Sought	-, -,	99000.15	Disbursement For: Primary 2014 Other (specify) ▶	General
(a) SUBTOTAL of Itemized Independent Expendent	litures		130.	00
(b) SUBTOTAL of Unitemized Independent Exp	enditures			
			7	-
(c) TOTAL Independent Expenditures			<b>&gt;</b>	
Under penalty of perjury I certify that the indep with, or at the request or suggestion of, any car party committee) any political party committee o	ididate or authorize			
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 / 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y	
J				

Schedule E)	EXI ENDI	. 01120		PAGE 30 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	ENTIFICATION NUMBER ▼
Women Speak Out PAC				C00530766
Check if 24-hour report X 48-hour report	New repor	rt Amends repo	rt filed on	D = D / Y = Y = Y = Y
Full Name of Payee Kelly Dolan			M = M /	: Distribution/Dissemination
Mailing Address 543 S 2nd St			Amount	18 2014
City	State 2	Zip Code		10.80
Bellaire		77401		D: 419d244e-2707-46be-a rsement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08	18 / Y Y Y Y Y Y 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose		Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	9	9000.15	Disbursement For: 2014 Other (spe	Primary
Full Name of Payee			Date of Public	Distribution/Dissemination
Tylan S Green			M M /	18 2014
Mailing Address 2320 Saint Nick Dr			Amount	
<b>1</b> '		Zip Code		80.00
New Orleans	LA	70131		ce08b8b0-65b6-4ce5-9 ersement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		X Oppose	President >	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	, ,	99000.15	Disbursement For: 2014 Other (sp	Primary X General
(a) SUBTOTAL of Itemized Independent Expenditures.			<b>•</b>	90.80
			7	
(b) SUBTOTAL of Unitemized Independent Expenditur	res		<b>•</b>	4
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ac	or authorized			
Ms. Emily Buchanan	[Electronic	ally Filed] Date	08 / D D	2014
Signature				

Schedule E)	IVI EXI EIVI	STIGHTS	PAGE 31 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	port Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Tylan S Green			08 / 18 / 2014
Mailing Address 2320 Saint Nick Dr			Amount
City	State	Zip Code	13.50
New Orleans	LA	70131	Transaction ID : 03bc709f-4cb2-41b1-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	7 1 1 7	99000.15	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee	_		Date of Public Distribution/Dissemination
Mark McNair			08 18 2014
Mailing Address 11 Cooper Lane			Amount
City	State	Zip Code	2.15
Conway	AR	72034	Transaction ID : 52e4fc4c-9e09-4fd8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / Y 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	-,,	59645.28	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 15.65
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			. •
Under penalty of perjury I certify that the indepen with, or at the request or suggestion of, any candi party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 20 7 2014
<del></del>			

Schedule E)	ENT EXILIN	DITOTILO	PAGE 32 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mark McNair			08
Mailing Address 11 Cooper Lane			Amount
City	State	Zip Code	6.27
Conway	AR	72034	Transaction ID: 89800817-79b3-480d-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		59645.28	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Jeffrey Hampton			08 18 2014
Mailing Address 1700 E Part Ave			Amount
City	State	Zip Code	20.00
Searcy	AR	72149	Transaction ID: 71d71a0d-fb62-4f68-8  Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		59645.28	Disbursement For:  Primary  General 2014  Gther (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	ditures		. > 26.27
//s) CURTOTAL of Unitersized Index and art Fundamental	an alikuwa a		7 7 7 7
(b) SUBTOTAL of Unitemized Independent Exp	enditures		
(c) TOTAL Independent Expenditures			•
	ndidate or authoriz		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	9 08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			

Scł	nedule E)			PAGE 33 OF 55 FOR SE OF FORM 24/48
	ME OF COMMITTEE (In Full)		FEC	C IDENTIFICATION NUMBER ▼
W	omen Speak Out PAC		C	
Che	ck if 24-hour report X 48-hour report New repo	ort Amends repor	rt filed on	/ D D / Y D Y D Y
$\overline{}$	Full Name of Payee		Data of Pr	ublic Distribution/Dissemination
	Jeffrey Hampton		Date of Pt	
	Mailing Address 1700 E Part Ave		Amount	
ŀ	City State	Zip Code		13.77
	Searcy AR	72149		on ID : 0af9d75a-774a-42b7-9 isbursement or Obligation
	Purpose of Expenditure Mileage	Category/ Type 002	08 08	18 2014
ı	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Mr. Mark L Pryor	X Oppose	President	Senate State: AR
	Calendar Year-To-Date Per Election for Office Sought	59645.28	Disbursement Fo 2014 Other	r:
Γ	Full Name of Payee		Date of P	ublic Distribution/Dissemination
1	Chris McCoy		M = M	/ D D / Y Y Y Y Y Y Y Y X Y X Y X Y X Y X Y X
ľ	Mailing Address 1025 Cayley Ct			
1			Amount	
ŀ	City State	Zip Code		110.00
	High Point NC	27260	Transactio Date of D	on ID : 53361102-d4fc-424a-b visbursement or Obligation
	Purpose of Expenditure Salary	Category/ Type 001	08	/ 18 / Y Y Y Y Y
ľ	Name of Federal Candidate	Support	Office Sought:	House District: 00
	Ms. Kay Hagan	X Oppose	President	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	246705.51	Disbursement For 2014 Other	or: Primary X General  (specify) ▶
(a	a) SUBTOTAL of Itemized Independent Expenditures		<b>•</b>	123.77
(I	b) SUBTOTAL of Unitemized Independent Expenditures		<b>•</b>	7 1 1 7 1 1 7 1
(0	C) TOTAL Independent Expenditures		<b>.</b>	7 7 7
W	inder penalty of perjury I certify that the independent expenditures ith, or at the request or suggestion of, any candidate or authorized arty committee) any political party committee or its agent.			
	Ms. Emily Buchanan [Electron:	ically Filed] Date		20 2014
	Signature	_		

Schedule E)	5111	IVI EXI EIVE			PAGE 34 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE					FEC IDENTIFICATION NUMBER ▼
Women Speak	Out PAC				C C00530766
		V			W = M / D = D / Y = Y = Y
Check if 24-hour re		New rep	ort Amends repo	ort filed on	
Full Name of Payee Chris McCoy					of Public Distribution/Dissemination
Mailing Address 10	25 Cayley Ct			Amou	
City		State	Zip Code	— r	19.20
High Point		NC	27260		saction ID: 03fa59e4-642b-4341-a of Disbursement or Obligation
Purpose of Expendi Mileage	ture		Category/ Type 002		08 18 2014
Name of Federal Ca	andidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan			X Oppose	Presid	lent Senate State: NC
Calendar Year- Per Election fo		:	246705.51	Disbursemer 2014	nt For:
Full Name of Payer				Date	of Public Distribution/Dissemination
Danielle McCo	У				08 18 2014
Mailing Address	1025 Cayley Ct				
				Amou	unt
City		State	Zip Code	TI:	115.00
High Point		NC	27260		action ID: 76198055-dea1-41ba-a of Disbursement or Obligation
Purpose of Expendi Salary	ture		Category/ Type 001		M 08 / 18 / 2014
Name of Federal C	andidate		Support	Office Sough	ht: House District: 00
Ms. Kay Hagan			X Oppose	Presid	dent Senate State: NC
Calendar Year- Per Election fo	To-Date r Office Sought		246705.51	Disbursement 2014	nt For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Ite	emized Independent Expendit	ures		▶	134.20
(b) SUBTOTAL of U	nitemized Independent Expen	ditures		<b>-</b>	7
(c) TOTAL Independ	ent Expenditures			· •	
with, or at the reques		date or authorized			cooperation, consultation, or concert the reporting entity is not a political
Ms. Emi	y Buchanan	[Electron	cically Filed] Date	e 08	20 2014
Signature			_		

Sche	edule E)	EXI ENDI	TOTILO		PAGE 35 OF 55 FOR SE OF FORM 24/48
	OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Wo	men Speak Out PAC				C C00530766
Check	if 24-hour report X 48-hour report	X New repo	ort Amends repo	rt filed on	M
Fu	ull Name of Payee Danielle McCoy			Date	of Public Distribution/Dissemination
	ailing Address 1025 Cayley Ct				08 / 18 / 2014
"	To25 Cayley Ct			Amou	nt
С	ity Si	tate	Zip Code		20.70
		NC	27260		action ID : c5e848f1-38fc-4603-b of Disbursement or Obligation
	urpose of Expenditure Mileage		Category/ Type 002		08 / 18 / 2014
N	ame of Federal Candidate		Support	Office Sough	it: House District: 00
M	ls. Kay Hagan		X Oppose	Preside	ent State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	46705.51	Disbursemen 2014 C	nt For:
	ull Name of Payee			Date	of Public Distribution/Dissemination
	Eleanor McCoy			7	08 18 2014
M	lailing Address 4902 Catawba Dr				08 18 2014
	1002 Galanda Di			Amou	ınt
С	ity S	tate	Zip Code	TI:	102.50
		NC	27407	Transa Date	action ID: 5a351092-e0e7-403e-8 of Disbursement or Obligation
	urpose of Expenditure Salary		Category/ Type 001		08 / 18 / 2014
N	ame of Federal Candidate		Support	Office Sough	nt: House District: 00
M	ls. Kay Hagan		X Oppose	Presid	ent Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursemer 2014	nt For:
(a)	SUBTOTAL of Itemized Independent Expenditures			•	123.20
(b)	SUBTOTAL of Unitemized Independent Expenditures	3		•	
(c)	TOTAL Independent Expenditures			· [	
with	der penalty of perjury I certify that the independent on, or at the request or suggestion of, any candidate of ty committee) any political party committee or its age	or authorized			
	Ms. Emily Buchanan	[Electroni	cally Filed] Date	M M / / 08	20 / 2014
-	Signature				

Schedule E)	LIVI LXI LIV	TIONES	PAGE 36 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Eleanor McCoy			08 / 18 / 2014
Mailing Address 4902 Catawba Dr			Amount
City	State	Zip Code	17.10
Greensboro	NC	27407	Transaction ID: 0471a996-e97b-40d6-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	,,,,	246705.51	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Patrice Wolfe			08 / 18 / 2014
Mailing Address 9909 Treasure Hill Rd			Amount
City	State	Zip Code	25.00
Little Rock	AR	72205	Transaction ID : d102055b-8ad8-47c9-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	59645.28	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendent	litures		42.10
(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			7 7
(b) SUBTOTAL of Unitemized Independent Expo	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
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Schedule E)	IN EXILIN	DITORLO	PAGE 37 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee Patrice Wolfe			Date of Public Distribution/Dissemination
Mailing Address 9909 Treasure Hill Rd			08 18 2014  Amount
	O	7. 0. 1	
City Little Rock	State AR	Zip Code 72205	14.10  Transaction ID : cc99bdfc-e334-4131-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought		59645.28	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee Michael Vidrine			Date of Public Distribution/Dissemination
Mailing Address 1103 West Wilson Street			08 18 2014 Amount
City	State	Zip Code	60.00
Ville Platte	LA	70586	Transaction ID : ea1cc356-055c-49fd-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		. ▶ 74.10
(b) SUBTOTAL of Unitemized Independent Exper	nditures		. •
(c) TOTAL Independent Expenditures			<b>•</b>
	lidate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 20 2014
Signature			

<b>,</b>	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M = M / D = D / Y = Y = Y
Full Name of Payee	Date of Public Distribution/Dissemination
Michael Vidrine	08 18 2014
Mailing Address 1103 West Wilson Street	Amount
City State Zip Code	33.00
Ville Platte LA 70586	Transaction ID : 0ea30aae-6b08-4521-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	M 08 / D D D Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	orsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Cassidy Quartararo	08 18 2014
Mailing Address 632 Cameron Court	Amount
City State Zip Code	25.00
Kenner LA 70065	Transaction ID: 36790c63-ec76-4521-a Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	e Sought: House District: 00
Ms. Mary L Landrieu Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	ursement For:
(a) SUBTOTAL of Itemized Independent Expenditures	58.00
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not may with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 0	8 20 2014
Signature	

PAGE

38

OF

Schedule E)	IN EXICIN	SHORLS	PAGE 39 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New re	eport Amends repo	ort filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Cassidy Quartararo			08 / 18 / 2014
Mailing Address 632 Cameron Court			Amount
City	State	Zip Code	8.01
Kenner	LA	70065	Transaction ID : e41f4371-b209-4362-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		X Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For: Primary General 2014 Other (specify) ▶
Full Name of Payee	<u> </u>		Date of Public Distribution/Dissemination
Lee R Carter			08 18 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	70.00
Raleigh	NC	27604	Transaction ID: 09e92d01-16a5-45d0-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District:00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	-,,	246705.51	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expendi	tures		78.01
(b) SUBTOTAL of Unitemized Independent Expe	nditures		•
(c) TOTAL Independent Expenditures			•
	didate or authorize		not made in cooperation, consultation, or concert of either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	onically Filed] Date	08 20 7 2014
- 3			

Schedule E)	PENT EXICITE	TIONES	PAGE 40 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Lee R Carter			08 18 2014
Mailing Address 3110 Brentwood Rd			Amount
City	State	Zip Code	9.00
Raleigh	NC	27604	Transaction ID: cdba94c0-07e1-4453-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	7	246705.51	Disbursement For:  Primary  General 2014  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Serena A Jones			08 18 2014
Mailing Address 7151 Mullins Drive			Amount
City Saltville	State VA	Zip Code 24370	80.00 Transaction ID : e15972e0-0f21-409f-a
Purpose of Expenditure		24370	Date of Disbursement or Obligation
Salary		Category/ Type 001	M 08 / D 18 / Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For:
(c) OURTOTAL of the size of body and out France	-P4		20.00
(a) SUBTOTAL of Itemized Independent Exper	iditures		89.00
(b) SUBTOTAL of Unitemized Independent Exp	enditures		· <b>&gt;</b>
(c) TOTAL Independent Expenditures			•
	ndidate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
<b>3</b>			

	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report N	lew report Amends report filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Serena A Jones	08 / 18 / 2014
Mailing Address 7151 Mullins Drive	Amount
City State	Zip Code 26.70
Saltville VA	24370 Transaction ID: b8fe5bd2-4536-4ba5-8 Date of Disbursement or Obligation
Purpose of Expenditure Mileage	Category/ Type 002 08 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Kay Hagan	Oppose President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: ☐ Primary ☐ General 2014 ☐ Other (specify) ▶
Full Name of Payee Najib Mahmud  Mailing Address 3432 Riverrock Ct	Date of Public Distribution/Dissemination  M M M / D D / Y Y Y Y Y  Amount
City State	Zip Code 50.00
Baton Rouge LA	70820 Transaction ID : e0d06b1e-adc9-4197-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary	Category/ Type 001 08 18 2014
Name of Federal Candidate	Support Office Sought: House District: 00
Ms. Mary L Landrieu	Oppose President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought	Disbursement For: Primary X General 2014 Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	76.70
(b) SUBTOTAL of Unitemized Independent Expenditures	<b>———</b>
(c) TOTAL Independent Expenditures	<b>&gt;</b>
	nditures reported herein were not made in cooperation, consultation, or concert thorized committee or agent of either, or (if the reporting entity is not a political
Ms. Emily Buchanan  [Basin Signature]	Electronically Filed] Date 08 20 2014
Gigilatuio	

PAGE 41

OF

Schedule E)	I LAFLIND	ITORES		PAGE 42 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC ID	DENTIFICATION NUMBER ▼
Women Speak Out PAC			С	C00530766
Check if 24-hour report X 48-hour report	New rep	ort Amends repo	rt filed on	D = D / Y = Y = Y
Full Name of Payee Najib Mahmud			Date of Public	Distribution/Dissemination
Mailing Address 3432 Riverrock Ct			08 Amount	18 2014
			Autount	
City	State	Zip Code		4.80
Baton Rouge	LA	70820		D: 8f5517bd-c804-4b03-8 ursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M M M 08	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Mary L Landrieu		Oppose	_	Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:	Primary General
Full Name of Payee	,		Other (sp	
Phillip Williams			Date of Public	c Distribution/Dissemination
Mailing Address 3007 Darden Rd			Amount	
City	State	Zip Code		80.00
Greensboro	NC	27407		D: a9294278-cd3a-497c-9 ursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08	18 / 2014
Name of Federal Candidate		Support	Office Sought:	House District: 00
Ms. Kay Hagan		Oppose	l	Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	, ,	246705.51	Disbursement For: 2014 Other (sp	Primary
(a) SUBTOTAL of Itemized Independent Expenditure	s		<b>&gt;</b>	84.80
(b) SUBTOTAL of Unitemized Independent Expenditu	ures		· •	4
(c) TOTAL Independent Expenditures			<b>)</b>	1 4 1 4
Under penalty of perjury I certify that the independe with, or at the request or suggestion of, any candidat party committee) any political party committee or its a	te or authorized			
Ms. Emily Buchanan	[Electron	ically Filed] Date	08 / 20	2014
Signature				

Schedu	le E)	1 <b>-</b> /(1 - (1 - )	101120				PAGE 43 OF 55 FOR SE OF FORM 24/48
	COMMITTEE (In Full)					FEC II	DENTIFICATION NUMBER ▼
Wome	n Speak Out PAC					С	C00530766
Check if	24-hour report X 48-hour report	New repo	ort Amei	nds repo	rt filed on	M = M	/ D D / Y Y Y Y
Full N	ame of Payee Ilip Williams				Date	of Publi	c Distribution/Dissemination
	g Address 3007 Darden Rd				[	M = M = 08	18 / 2014
Iviami	g Address 3007 Darden Rd				Amo	unt	
City		State	Zip Code				26.40
	nsboro	NC	27407				ID: ee6b63fb-04b9-4b9c-9 ursement or Obligation
Purpo Milea	se of Expenditure ge		Category/ Type	002		M M M	18 2014
Name	of Federal Candidate		Su	upport	Office Soug	ıht:	House District: 00
Ms. K	ay Hagan			ppose	Presi	_	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	2	246705.51		Disburseme 2014	ent For: Other (sp	Primary
	lame of Payee rerly Williams				Date	of Publi	ic Distribution/Dissemination
						08	18 2014
Mailin	g Address 3007 Darden Rd				Amo	ount	
City		State	Zip Code		-		80.00
	nsboro	NC	27407				D : fae0edcb-7312-4499-9 ursement or Obligation
Purpo Salar	se of Expenditure Y		Category/ Type	001	]	08	18 2014
Name	of Federal Candidate		Sı	upport	Office Souç	ght:	House District: 00
Ms. K	ay Hagan		X Op	ppose	Presi	dent	Senate State: NC
	Calendar Year-To-Date Per Election for Office Sought	7,	246705.51		Disburseme 2014	ent For: Other (sp	Primary X General
(a) SU	BTOTAL of Itemized Independent Expenditure	es					106.40
(, -						7	4
(b) SU	BTOTAL of Unitemized Independent Expendit	ures			· • [	-	1 4 1 1 4
(c) TO	TAL Independent Expenditures				• [	. 4	1 1 7 1 7
with, or	penalty of perjury I certify that the independer at the request or suggestion of, any candidate committee) any political party committee or its	ate or authorized					
	Ms. Emily Buchanan	[Electron	ically Filed]	Date	08	20	/ Y Y Y Y Y Y 2014
Sigr	nature		_				

Schedule E)	TI EXI EITE			PAGE 44 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			F	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	ort filed on	M / D = D / Y = Y = Y
Full Name of Payee Amelia Brackett			M	Public Distribution/Dissemination  M / Public Distribution/Dissemination  18 2014
Mailing Address 804 Roundabout Circle			Amount	
City	State	Zip Code		60.00
Searcy	AR	72143		ction ID : aec6bc2b-ef49-44c2-a Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District: 00
Mr. Mark L Pryor		X Oppose	Presider	Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7 7	59645.28	Disbursement 2014 Oth	For: Primary X General  Der (specify) ►
Full Name of Payee	_		Date of	Public Distribution/Dissemination
Amelia Brackett				08 18 2014
Mailing Address 804 Roundabout Circle			Amoun	لىنىا لنا ك
City Searcy	State AR	Zip Code 72143	Transac	29.19 tion ID : 1e07a12f-eab3-4179-a i Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	M	18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought:	House District:00
Mr. Mark L Pryor		X Oppose	Presider	
Calendar Year-To-Date Per Election for Office Sought	7 7	59645.28	Disbursement 2014 Oth	For:
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		•	89.19
(1) OUD-0-11 (1) (1) (1) (1) (1)	19			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		▶	7 1 7 1 7
(c) TOTAL Independent Expenditures			· •	7 7 7
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorized			
Ms. Emily Buchanan	[Electroi	nically Filed] Date	M M / / 08	20 2014
Signature				

Schedule E)	0111 01 111021 211	DEITI EXI EITD	TI OTILO		PAGE 45 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITT					FEC IDENTIFICATION NUMBER ▼
Women Speal	k Out PAC				C C00530766
			. 🗆 .		M / D D / Y Y Y Y
Check if 24-hou	·	rt X New rep	port Amends repo	ort filed on	
Full Name of Pay ERIC TABA	vee ARY			M	of Public Distribution/Dissemination
Mailing Address	6101 NORA ST			Amour	
City		State	Zip Code		45.00
METAIRIE		LA	70003		action ID : fae27e03-99af-42e0-8 of Disbursement or Obligation
Purpose of Expension	nditure		Category/ Type 001	M	08 / 18 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal	Candidate		Support	Office Sought	:: House District:00
Ms. Mary L Land	rieu		Oppose	Preside	nt Senate State: LA
Calendar Ye Per Election	ar-To-Date for Office Sought		99000.15	Disbursement 2014 Ot	For: Primary X General
Full Name of Pay					of Public Distribution/Dissemination
Mailing Address	6101 NORA ST			<u> </u>	08 18 2014
				Amour	nt
City		State	Zip Code		0.90
METAIRIE  Purpose of Expe	malitura	LA	70003	Date of	ction ID: 9daed0e2-f25c-4d17-b of Disbursement or Obligation
Mileage	nature		Category/ Type 002		08 / 18 / 2014
Name of Federal	Candidate		Support	Office Sough	t: House District:00
Ms. Mary L Land	rieu		Oppose	Preside	
Calendar Ye Per Election	ar-To-Date for Office Sought		99000.15	Disbursement 2014 Of	t For: Primary X General
(a) SUBTOTAL of	Itemized Independent Expe	enditures			45.90
(a) 302101112 of	nomized independent Expe	Traitar 50			7 7
(b) SUBTOTAL of	Unitemized Independent Ex	cpenditures		·· •	4 4
(c) TOTAL Indepe	endent Expenditures			· •	7 7 7
with, or at the req		andidate or authorized			ooperation, consultation, or concert he reporting entity is not a political
Ms. E	mily Buchanan	[Electron	nically Filed] Date	e 08	20 2014
Signature					

Schedule		IVI EXI EIVE	II OILEO		PAGE 46 OF 55 FOR SE OF FORM 24/48
	DMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women	Speak Out PAC				C C00530766
Check if	24-hour report	X New rep	oort Amends repo	ort filed on	M / D D / Y D D /
Full Name	e of Payee Martin				of Public Distribution/Dissemination
	ddress 250 JS Brewton rd			M	08 / 18 / 2014
	230 00 Diewton tu			Amou	nt
City		State	Zip Code		50.00
goldonna		LA	71031		action ID: 159611a1-0211-4575-a of Disbursement or Obligation
Salary	of Expenditure		Category/ Type 001	M	08 18 7 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		X Oppose	Preside	ent Senate State: LA
	ndar Year-To-Date Election for Office Sought	7 1 1 7	99000.15	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Nam Billy N	e of Payee				of Public Distribution/Dissemination
Mailing A	Maria				08 / 18 / 2014
Widining 7	daress 250 JS Brewton rd			Amou	nt
City		State	Zip Code		4.80
goldonna		LA	71031	Transa Date	oction ID: 0fd8c0da-d311-4b9d-a of Disbursement or Obligation
Purpose Mileage	of Expenditure		Category/ Type 002	N	08 / 18 / 2014
Name of	Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Mary	L Landrieu		Oppose	Preside	
	ndar Year-To-Date Election for Office Sought	7	99000.15	Disbursemen 2014	t For: Primary X General  ther (specify) ▶
(a) SURTO	OTAL of Itemized Independent Expenditu	ıres		, ,	54.80
(a) 30BT	FIRE OF ROTHIZOU INDEPENDENT EXPENDING	AI 0 0			34.00
(b) SUBTO	OTAL of Unitemized Independent Expendent	ditures		· •	4
(c) TOTAL	. Independent Expenditures			· •	7 1 7 1 7
with, or at	alty of perjury I certify that the indepen- the request or suggestion of, any candi- nittee) any political party committee or it	date or authorized			
	Ms. Emily Buchanan	[Electron	nically Filed] Date	e 08	20 / 2014
Signatu	re		_		

Schedule E)	JENT EXICID	HOHLO	PAGE 47 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour repor	New rep	oort Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Shantal C Culbreath			08 / 18 / 2014
Mailing Address 4691 Hercules Lane			Amount
City	State	Zip Code	80.00
Woodbridge	VA	22193	Transaction ID : 3daa8ab1-4304-471c-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Christine Stevens			08 18 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID : b1adb42c-5591-4190-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: Primary ☐ General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Exper	nditures		140.00
(b) SUBTOTAL of Unitemized Independent Ex	penditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	andidate or authorized		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08
=			

			FOR SE OF	FORM 24/48
	OF COMMITTEE (In Full)	FEC	DENTIFICATI	ON NUMBER ▼
vvom	en Speak Out PAC	С	C00530766	
Check if	24-hour report X 48-hour report New report Amends report filed on	M = M	/ /	Y Y Y Y Y
		ate of Pu	ublic Distribution	/Dissemination
	zmine d Conner	M M M	/ D D /	2014
Mail	ing Address 100 ASBURY CT	nount		
City	State Zip Code			60.00
1IW			on ID : 7f84b5a	
Purp Sal	pose of Expenditure Category/	08		2014
Nan	ne of Federal Candidate Support Office Sc	ught:	House	District:00
Ms.	Kay Hagan	sident	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburser 246705.51  Disburser 2014	٦	r: Primary (specify) ▶	General
Jo	ing Address 100 Asbury Ct		ublic Distribution	n/Dissemination
City	State Zip Code			60.00
	nchester VA 22602 Tra		n ID : 9ad6394a isbursement or	-53cf-4f2f-8
	pose of Expenditure Category/ Type 001	08		2014
Nan	ne of Federal Candidate Support Office So	ught:	House	District: 00
Ms.	Kay Hagan Oppose Pro	esident	X Senate	State: NC
	Calendar Year-To-Date Per Election for Office Sought  Disburse 2014  2014		r: Primar	y General
(a) S	SUBTOTAL of Itemized Independent Expenditures		7 1 7	120.00
(b) S	SUBTOTAL of Unitemized Independent Expenditures		7 7	
(c) T	OTAL Independent Expenditures		4	1 40
with,	r penalty of perjury I certify that the independent expenditures reported herein were not made or at the request or suggestion of, any candidate or authorized committee or agent of either, or committee) any political party committee or its agent.			
	Ms. Emily Buchanan  [Electronically Filed] Date 08	/ 2	20 / 20	14
51	gnature			

PAGE 48

OF

Schedule E)	PAGE 49 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report	ort filed on
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney O Culbreath	08 / 18 / 2014
Mailing Address 100 Asbury Ct	Amount
City State Zip Code	60.00
Winchester VA 22602	Transaction ID: 0ff86c45-f05d-44ee-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate Support	Office Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 246705.51	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee	Date of Public Distribution/Dissemination
Rodney D Culbreth	08 18 2014
Mailing Address 100 Asbury CT	Amount
3200 Dam Neck Rd	
City State Zip Code Winchester VA 22602	60.00 Transaction ID: 304fe405-6fb1-4eef-b
Purpose of Expenditure	Date of Disbursement or Obligation
Salary Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate Support	Office Sought: House District:00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought 246705.51	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) CURTOTAL of language landers and art Turner ditures	100.00
(a) SUBTOTAL of Itemized Independent Expenditures	> 120.00
(b) SUBTOTAL of Unitemized Independent Expenditures	·· •
(c) TOTAL Independent Expenditures	··· <b>&gt;</b>
Under penalty of perjury I certify that the independent expenditures reported herein were with, or at the request or suggestion of, any candidate or authorized committee or agent of party committee) any political party committee or its agent.	
Ms. Emily Buchanan  [Electronically Filed] Date Signature	e 08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Oignatule	

Schedule E)	LIVI LXI LIV	TIONES	PAGE 50 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Rze Culbreath			08 / 18 / 2014
Mailing Address 100 Asbury Ct			Amount
City	State	Zip Code	60.00
Winchester	VA	22602	Transaction ID: 247d1ef2-a1cf-43b0-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	.,,	246705.51	Disbursement For:
Full Name of Payee			Date of Public Distribution/Dissemination
Ralph Smith			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 2090 Fancy Gap Rd			Amount
City	State	Zip Code	80.00
Mt. Airy	NC	27030	Transaction ID: 888a1d17-50e5-4fb8-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / DDD / Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	, , ,	246705.51	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		140.00
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expe	nditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			<b>•</b>
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y

,	FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)	FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC	C C00530766
Check if 24-hour report X 48-hour report New report Amends report filed	on M M / D D / Y Y Y Y Y
Full Name of Payee	Date of Public Distribution/Dissemination
Ralph Smith	08 15 2014
Mailing Address 2090 Fancy Gap Rd	Amount
City State Zip Code	33.09
Mt. Airy NC 27030	Transaction ID : 348901f9-a3d8-4e73-b Date of Disbursement or Obligation
Purpose of Expenditure Mileage  Category/ Type  002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate Support Office	Sought: House District: 00
Ms Kay Hagan	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbut 2014	rsement For: Primary
Full Name of Payee	Date of Public Distribution/Dissemination
Daniel E Collison	08 15 2014
Mailing Address 3315 Cardinal Ridge Rd	Amount
City State Zip Code	45.00
Greensboro NC 27410	Transaction ID: 6d9211b2-77ba-490b-9 Date of Disbursement or Obligation
Purpose of Expenditure Salary  Category/ Type  001	08 / 15 / 2014
Name of Federal Candidate Support Office	Sought: House District: 00
Ms. Kay Hagan Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought  Disbu 246705.51  Disbu 2014	rsement For: Primary X General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditures	78.09
(b) SUBTOTAL of Unitemized Independent Expenditures	
(c) TOTAL Independent Expenditures	
Under penalty of perjury I certify that the independent expenditures reported herein were not ma with, or at the request or suggestion of, any candidate or authorized committee or agent of either party committee) any political party committee or its agent.	
Ms. Emily Buchanan [Electronically Filed] Date 08	8 20 2014
Signature	

PAGE 51

OF

Schedule E)	IDENT EXTEND	ITOTIES	PAGE 52 FOR SE O	OF 55 F FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATI	ON NUMBER ▼
Women Speak Out PAC			C C00530766	
Check if 24-hour report X 48-hour repo	ort New rep	ort Amends repo	t filed on M M / D D /	Y = Y = Y = Y
Full Name of Payee Daniel E Collison			Date of Public Distribution	n/Dissemination
			08 / 15	2014
Mailing Address 3315 Cardinal Ridge Rd			Amount	
City	State	Zip Code		15.90
Greensboro	NC	27410	Transaction ID: 32d11e2 Date of Disbursement or	
Purpose of Expenditure Mileage		Category/ Type 002	08 / 15	2014
Name of Federal Candidate		Support	Office Sought: House	District:00
Ms. Kay Hagan		X Oppose	President Senate	State: NC
Calendar Year-To-Date Per Election for Office Sought		246705.51	Disbursement For: Primary 2014 Other (specify) ▶	y Seneral
Full Name of Payee			Date of Public Distribution	n/Dissemination
Anthony Pearson			08 / D D /	2014
Mailing Address 112 apache Dr			Amount	
City	State	Zip Code		40.00
Search	AR	72149	Transaction ID : 99444c1f Date of Disbursement or	
Purpose of Expenditure Salary		Category/ Type 001	08 / 16	2014
Name of Federal Candidate		Support	Office Sought: House	District: 00
Mr. Mark L Pryor		X Oppose	President Senate	State: AR
Calendar Year-To-Date Per Election for Office Sought		59645.28	Disbursement For:  Primar 2014  Other (specify) ▶	y X General
(a) SUBTOTAL of Itemized Independent Exp	enditures		<b>.</b>	55.90
(b) CURTOTAL of Heiberiand Index and at 5			111111	
(b) SUBTOTAL of Unitemized Independent E	xpenaitures		<b>•</b>	
(c) TOTAL Independent Expenditures			<b>•</b>	
Under penalty of perjury I certify that the inc with, or at the request or suggestion of, any party committee) any political party committee	candidate or authorized			
Ms. Emily Buchanan Signature	[Electron	ically Filed] Date	08 / 20 / Y Y Y 20	14 Y

Schedule E)	VI EXI EIVE	ATOTILO	PAGE 53 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee Anthony Pearson			Date of Public Distribution/Dissemination
Mailing Address 112 apache Dr			08 16 2014  Amount
			7.11.00.11.
City	State	Zip Code	28.50
Search	AR	72149	Transaction ID: b8c054c6-4084-4bc7-b  Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , ,	59645.28	Disbursement For:  Primary  General  2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Mark McNair			08 15 Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11 Cooper Lane			Amount
City	State	Zip Code	15.00
Conway	AR	72034	Transaction ID: 02592df2-a0af-4686-8 Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 05 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	7	59645.28	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	res		43.50
			7 7 7
(b) SUBTOTAL of Unitemized Independent Expendent	litures		·
(c) TOTAL Independent Expenditures			•
Under penalty of perjury I certify that the independ with, or at the request or suggestion of, any candid party committee) any political party committee or its	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 20 / 2014
Signature			

Schedule E)	VI EXI EN	ATTOTILE O	PAGE 54 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	X New re	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Mark McNair			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 11 Cooper Lane			Amount
City	State	Zip Code	5.22
Conway	AR	72034	Transaction ID : 6fe6c7b2-b73c-4b99-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / 15 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District:00
Mr. Mark L Pryor		X Oppose	President Senate State: AR
Calendar Year-To-Date Per Election for Office Sought	, , , ,	59645.28	Disbursement For:  Primary  General 2014  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
Rys Roman			08 18 2014
Mailing Address 3277 E 10th St			Amount
City	State	Zip Code	40.00
Greenville	NC	27858	Transaction ID : 10d18bd9-07cd-4839-b Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 18 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President Senate State: NC
Calendar Year-To-Date Per Election for Office Sought	77	246705.51	Disbursement For:  Primary  General 2014  General Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expenditu	ıres		. ▶ 45.22
(1) OUDTOTAL (11 in 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			
(b) SUBTOTAL of Unitemized Independent Expendent	ditures		•
(c) TOTAL Independent Expenditures			<b>&gt;</b>
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candic party committee) any political party committee or it	date or authorize		
Ms. Emily Buchanan Signature	[Electro	nically Filed] Date	08 20 / 2014
्र <del>अप</del>			

Schedule E)	LIVI LXI LIVE	TIONES	PAGE 55 OF 55 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)			FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC			C C00530766
Check if 24-hour report X 48-hour report	New rep	port Amends repo	rt filed on
Full Name of Payee			Date of Public Distribution/Dissemination
Rys Roman			08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Mailing Address 3277 E 10th St			Amount
City	State	Zip Code	3.96
Greenville	NC	27858	Transaction ID: 5687bdd2-8a8b-4555-a Date of Disbursement or Obligation
Purpose of Expenditure Mileage		Category/ Type 002	08 / D D / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Kay Hagan		X Oppose	President State: NC
Calendar Year-To-Date Per Election for Office Sought	.,.,,	246705.51	Disbursement For:  Primary  General  Q014  General  Other (specify) ▶
Full Name of Payee			Date of Public Distribution/Dissemination
ERIC TABARY			08 14 2014
Mailing Address 6101 NORA ST			Amount
City	State	Zip Code	40.00
METAIRIE	LA	70003	Transaction ID: 8ab6b230-98f8-40f8-a Date of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	08 / 14 / 2014
Name of Federal Candidate		Support	Office Sought: House District: 00
Ms. Mary L Landrieu		Oppose	President Senate State: LA
Calendar Year-To-Date Per Election for Office Sought		99000.15	Disbursement For:  Primary  General  General  Other (specify) ▶
(a) SUBTOTAL of Itemized Independent Expend	itures		43.96
(b) SUBTOTAL of Unitemized Independent Expe	enditures		<b>&gt;</b>
(c) TOTAL Independent Expenditures			4576.05
	didate or authorize		not made in cooperation, consultation, or concert f either, or (if the reporting entity is not a political
Ms. Emily Buchanan Signature	[Electron	nically Filed] Date	08 20 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
•			